



# BUSSELTON AMATEUR BASKETBALL ASSOCIATION

## TEAM NOMINATION FORM

*\*Please return clearly & fully completed to your Club*

DIVISION (AGE GROUP)			
<input type="checkbox"/> U10 GIRLS	<input type="checkbox"/> U10 BOYS	<input type="checkbox"/> U12 GIRLS	<input type="checkbox"/> U12 BOYS
<input type="checkbox"/> U14 GIRLS	<input type="checkbox"/> U14 BOYS	<input type="checkbox"/> U16 GIRLS	<input type="checkbox"/> U16 BOYS
<input type="checkbox"/> U19 GIRLS	<input type="checkbox"/> U19 BOYS	<input type="checkbox"/> SENIOR WOMEN	<input type="checkbox"/> SENIOR MEN

TEAM NAME: \_\_\_\_\_

GRADE TEAM REQUESTED:	
GRADE CLUB REQUESTED:	

TEAM COACH		TEAM MANAGER	
NAME:		NAME:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
WWCC:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXEMPT	WWCC:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXEMPT

*\*Minimum of 7 players are required to nominate a team (BABA encourage Teams nominate with 8 Players)*

*\*Senior teams only must appoint one of its players as Team Captain and Vice-Captain*

*Please indicate highest level achieved in **previous season**;  
**MAX 9 points per team***

CAPTAIN: \_\_\_\_\_ VICE-CAPTAIN: \_\_\_\_\_

FIRST NAME	SURNAME	SCHOOL YEAR	DOB	EMAIL	PHONE	PRIOR YEAR CLUB & TEAM NAME	BLAZER REP 2 points	WABL 4 points	STATE / NBL1 5 points	TOTAL POINTS
<b>TOTAL</b>										

*\* Please refer to BABA By-laws Section 7 for clarification to Representative Player points.*